



0000059824

516

I also wish to receive the following service(s) (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

SENDER:

- Complete items 1, 2 and 3. Item 1 is required.
- Indicate if restricted delivery is desired on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

1. Article Addressed to:
David Gibson
ADOT
Traffic Records Section
206 S. 17th Avenue, MD-064R
Phoenix, AZ 85007

2. **RECEIVED**
 OCT 24 11:10
 AZ CORP COMMISSION
 DOCUMENT CONTROL

3. Service Type **CERTIFIED**

Date of Delivery **OCT 22 2003**

7166 4442 0100 0000 2719

Received By: (Print Name)
Larry Sanchez

Signature - (Addressed Agent)
Larry Sanchez
RR-09035B-03-0684

PS Form 3811

DOMESTIC RETURN RECEIPT

UNITED STATES POSTAL SERVICE

First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

Arizona Corporation Commission
1200 West Washington - Hrg. Div./Docket
Phoenix, Arizona 85007-2996